	PATENT /		<b>70N FEE D</b> tive Decem	ŖD	(39	2	5198	2 K7		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL ENTITY	-	OTHER	THAN
FOR		NUM	BER FILED	NUMBER		RAT		OR 1	SMALL	FEE
BASIC FEE							345.00	OR		690.00
TOTAL CLAIMS		1	minus	20= •		X\$ 9	=	OR	X\$18=	/
INDEPENDENT CLAIMS		AIMS &	2 minus	3=:		X39-		OR	X78=	/
MU	LTIPLE DEPEN	IDENT CLAIM	PRESENT			+130			.000	/
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	+260 <del>=</del>	107
CLAIMS AS AMENDED - PART II						TOTA	L	OR	TOTAL OTHER	GY ()
3.00	(Column 1) (Column 2) (Column 3)					SMAI	L ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 90	Minus	- 20	=	X\$ 9	=	OR	X\$18=	
AME	Independent	• 4	Minus	··· 3	=	X39=	<b>=</b> .	OR	XX	86
	FIRST PRESE	NIATION OF	MULTIPLE DE	PENDENT CLAIM		+130	=	OR	~+260≠∕)	
	2					101		OR	TOTAL	80
	HI	(Column 1	).	(Column 2)	(Column 3)	ADDIT. F	tt	]		
AMENDMENT B	No loid	CLAIMS REMAINING	3	HIGHEST NUMBER	PRESENT		ADDI-		٠ .	ADDI-
	W B R	AFTER AMENDMEN	п	PREVIOUSLY PAID FOR	EXTRA	RATE	FEE TIONAL		RATE	TIONAL
	Total	• /4	Minus	-20	=	X\$ 9:	=   '	OR	X818=	
	Independent	· 'S	Minus	or 4	2	X39=	. /	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	
						TOT ADDIT. F		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	20	= -	X\$ 9=		OR	X\$18=	
	Independent	• /	Minus	••• 4		X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+260=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  THIS THIS SPACE IS LESS than 3, enter "3."								OR	ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

FORM PTO-875 . (Rev. 12/99)